

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 26 PM 3:21

**DOCUMENT #** P94000092865

**1. Corporation Name**

LYNN WOOFER MANUFACTURING, INC.

**2. Principal Office Address**

2261 NE 44ST.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

USA

**3. Mailing Office Address**

2261 NE 44ST.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

USA

**REINSTATEMENT** 96-06

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/21/94

**5. FEI Number**

59-3370286

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MARK E. BARBER

Street Address (P.O. Box Number is Not Acceptable)

2261 NE 44ST.

Suite, Apt. #, Etc.

City

LIGHTHOUSE POINT, FL

State

FL

Zip Code

33064

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Mark E. Barber

REGISTERED AGENT MUST SIGN

Date 5/24/00

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VSTD	MARK E. BARBER	2261 NE 44ST.	LIGHTHOUSE POINT, FL 33064

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

Mark E. Barber / U.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/00

Date

954-785-0911

Daytime Phone #

CR2E081 (9/99)